Methicillin-Resistant Staphylococcus aureus (MRSA) Mastitis

by Marie L Bosco, BSN, RNC, IBCLC

Mastitis is a breast infection that affects approximately 9.5% of breastfeeding women. Risk factors for mastitis include cracked nipples, incomplete breast emptying either by infant or pump, previous history of mastitis, and recent use of antifungal nipple cream. There is also speculation that first time mothers are at increased risk for mastitis. Clinical symptoms of this illness include unilateral breast pain, erythema, fever, and flu-like symptoms. Frequent and complete breast emptying is imperative to recovery. Breastfeeding is not contraindicated during this infection and should be continued. Mothers attempting to wean should maintain lactation until the infection is resolved. Supportive care includes rest and analgesics.

Staphylococcus aureus is a common cause for mastitis and has historically responded well to antibiotics such as dicloxacillin, cephalexin, and amoxicillin/clavulanic acid; these antibiotics are effective against the methicillin-sensitive form of this ubiquitous organism. However, methicillin-resistant Staphylococcus aureus (MRSA) has become a prominent pathogen causing mastitis in the United States. A 2007 study conducted by Pavani Reddy found that as many as 44% of cultured Staphylococcus aureus mastitis infections was positive for community-acquired MRSA. This incidence is also rising in women who experience breast abscess complications. Antibiotics of choice when this MRSA is identified include clindamycin and...
trimethoprim/sulfamethoxazole; when parenteral therapy is indicated, parenteral vancomycin and linezolid are options. Mothers can continue to breastfeed during treatment as long as the antibiotic’s use is not contraindicated to nursing. Some antibiotics are considered safe for use while breastfeeding but may cause the infant gastrointestinal upset such as vomiting and diarrhea. If the antibiotic's use is contraindicated during lactation, continued frequent and complete breast emptying is recommended.

The incidence of MRSA infection is rising in the community. Healthcare professionals caring for lactating women should consider the possibility of MRSA when mastitis is diagnosed and does not respond to traditional antibiotic therapy.

References:
